

Montana Department of Labor & Industry

Employment Relations Division, Workers' Compensation Regulation Bureau
Mail: PO Box 8011, Helena, Montana 59604-8011
Street: 1805 Prospect Ave, Helena, Montana 59601
Phone: 406.444.0051 Fax: 406.444.3465 Email: jlapham@mt.gov
Website: <http://erd.dli.mt.gov/wcregs/selfinsure.asp>

Renewal Date:

Date Stamp - Office Use Only

Workers' Compensation Self-Insurance Application for 2008

Complete this form in its entirety. Unanswered questions may delay processing.

Refer to the related instruction sheet on the above web site for details.

Check One: ☐ New ☒ Renewal ☐ New member of existing group

Group Name: Montana University System Self-Funded Workers' Comp Program

If new, proposed effective date of self-insurance coverage: _____

GENERAL INFORMATION

Name of Company: MUS Self-Funded Workers' Compensation Program Date Established: 7/1/2003

Date Company Started Business in Montana 0/0/1895

Address: 46 Last Chance Gulch Federal Employer Tax ID #: 16-1670804
Helena, MT 59620-3201

Parent Company: NA Date Established: _____

Address: _____

Montana Operations (continue on separate sheet if necessary):

	Legal Name	Number of Employees	Location	Nature of Business
1	Per Schedule 1 Attached	22,800		
2		-		
3		-		
4				
Total Number of Montana employees (Number of W-2's plus Volunteers)		22,800	Gross Montana Annual Payroll for CY 2007 \$ 390,356,384	

Company Official(s) to Contact Regarding Self-Insurance:

Name	Title	Address	E-Mail	Phone No.
1 Leah Tietz	Director, Work Comp	46 Last Chance Gulch, Helena, MT 59620	ltietz@montana.edu	406-444-0615
2 Ed Binkley	Chair, Work Comp Committee	2100 16th Ave. S., GtFalls, MT 59405	ebinkley@msugf.edu	406-771-4307

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3 Colleen Hébert	Vice Chair, Work Comp Committee	1160 Research Dr., Bozeman, MT 591718	chebert@montana.edu	406-994-1802

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MONTANA WORKERS' COMPENSATION SELF-INSURANCE APPLICATION for 2008
Page 2

ACCIDENT AND CLAIM SUMMARY

Claims reported on: Policy Year Fiscal Year ☒ Calendar Year

Claim Year: beginning date 1/1/2007 ending date 12/31/2007

ACCIDENTS BY YEAR:	2007	2006	2005	2004	2003
# Medical Only	255	224	235	287	159
# of Lost Time	77	113	96	89	49
# of Fatal	0	0	0	0	0
TOTAL Accidents	332	337	331	376	208

ALL CLAIMS BY YEAR:

<----- All Claims Open & Closed ----->

	2007	2006	2005	2004	2003	Open Claims Only for Years Prior to 2003
Total payments made: (line 1)	\$ 422,914	\$ 966,851	\$ 1,276,167	\$ 1,142,443	\$ 644,445	\$ -
Unpaid reserves, without IBNR, as of end of most recent year: (line 2)	\$ 380,990	\$ 144,352	\$ 68,788	\$ 23,839	\$ 13,563	\$ -
Total incurred liability, without IBNR, updated as of most recent year-end: Sum of line 1 + line 2	\$ 803,904	\$ 1,111,203	\$ 1,344,955	\$ 1,166,282	\$ 658,008	\$ -
Expected recoveries from excess insurance carrier	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

When were Reserves last updated? 12/31/2007 By Whom? Connie Hoffman, Intermountain Claims, Inc.

Three Year Average Incurred Liability (Use 2006, 2005, 2004): \$ 1,207,480

Undiscounted Total Estimated UNPAID Liability On All Montana Claims:

For claims incurred before 7/1/89:	\$ -	
For claims incurred after 7/1/89:	\$ 631,532	
Total Claims:	<u>\$ 631,532</u>	(sum of line 2 above) \$ 631,532

Total Cash Paid During the Last Calendar Year (1/1/2007 - 12/31/2007):

Indemnity + Medical	+ Other	= Total
\$ 484,398	\$ 903,041	\$ 34,628
		<u>\$ 1,422,066</u>

Medical payments in excess of \$200,000 per claim during last calendar year \$ -

MONTANA WORKERS' COMPENSATION SELF-INSURANCE APPLICATION for 2008**Page 3**

Are estimated unpaid compensation and medical liabilities included on company balance sheet?

☐ Yes☒ No

If yes, how are they classified?

If no, explain.

Reported as an Enterprise Fund of the State of Montana.

Do you have a formal safety program?

☒ Yes☐ No

Is there a Safety Engineer at Montana locations?

☒ Yes☐ No**ADJUSTER INFORMATION**

Name of Montana Adjuster

Intermountain Claims, Inc.Phone 406.656.3951

Address

1200 S. Reserve, Suite D, Missoula, MT 59801

E-Mail address

connieh@idahoic.com

Location of Montana Claim Files

Intermountain Claims, Inc., Billings, MT**SECURITY & EXCESS INSURANCE INFORMATION****Surety Bond:**

Name of Surety Company

Phone

Address

Bond Amount

\$ -

Effective Date

Letter of Credit:

Name of Bank

Phone

Address

LOC Amount

\$ -

Effective Date

Government Bond/Security:

Type of Bond/Security

Cusip#

Interest

Maturity Date

Bond Amount

\$ -

Effective Date

Certificate(s) of Deposit:

Name of Bank(s)

Certificate Number(s)

CD Amount(s)

\$ -

\$ -

\$ -

Specific Excess Insurance:

Name of Insurance Carrier

Praetorian Insurance Company

Effective Date

7/1/2007

Expiration Date

7/1/2008

Self-Insured Retention (SIR)

\$ 500,000

Policy Limit

Statutory**Aggregate Excess Insurance:**

Name of Insurance Carrier

Effective Date

Expiration Date

Self-Insured Retention (SIR)

\$ -

Policy Limit

\$ -

MONTANA WORKERS' COMPENSATION SELF-INSURANCE APPLICATION for 2008

Page 4

ELECTION AND CERTIFICATION

We hereby make application to be a self-insured employer in Montana and certify that all of the information provided is correct. Our firm is an employer in the State of Montana. If we are granted self-insured status by the Department, we agree to comply with and be bound by all of the applicable laws, rules, and regulations of Montana pertaining to workers' compensation and occupational disease.

We certify no portion of the Montana workers' compensation and occupational disease liabilities will be funded through a captive insurance company.

We agree to notify the Department of Labor & Industry and the Montana Self-Insurers Guaranty Fund within 24 hours of the filing of any bankruptcy or determination of insolvency relating to this firm.

This election is made by the firm and authorized by the directors, officials, officers, by-laws, owner, or partners.

LeahJo Tietz	Director, Work Comp	444-0615	1/28/2008
Typed Name	Title	Phone	Date

Authorized Signature

Typed Name	Title	Phone	Date
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Authorized Signature

MONTANA WORKERS' COMPENSATION SELF-INSURANCE APPLICATION for 2008
Supplemental Page

Data for calendar year 2003 contains only information from July 1 to December 31, 2003.
MUS Self-Funded Workers' Compensation Program began operating on July 1, 2003.

SCHEDULE 1**MUS SELF FUNDED WORKERS' COMPENSATION PROGRAM
APPROVED MEMBERS**

INSTUTION	NUMBER OF EMPLOYEES	CY 2007 Payroll
UNIVERSITY OF MONTANA		
UM - Missoula	8,582	124,541,963.51
UM- Western (Dillon)	760	8,552,715.18
UM - Helena College of Technology	315	3,177,784.93
UM-Montana Tech (Butte)	1,273	19,405,334.55
UM TOTAL	<u>10,930</u>	<u>\$155,677,798.17</u>
MONTANA STATE UNIVERSITY		
MSU-Bozeman	8771	192,351,421.13
MSU-Billings	1684	\$22,046,679.00
MSU-Northern (Havre)	847	\$9,970,654.28
MSU-College of Technology Great Falls	441	\$5,959,224.29
MSU TOTAL	<u>11,743</u>	<u>\$230,327,978.70</u>
OFFICE OF COMMISSIONER OF HIGHER ED (Helena)	127	4,350,607.52
Total # W-2s CY 2007	<u>22,800</u>	<u>\$390,356,384.39</u> Total Payroll CY 2007